SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, Wi 54891
(715) 373-6138

APPLICATION FOR PERMIT 33 162015 T i

Bayfield Co. Zoning Dept.

		V	B
Refund:	Amount Paid:	Date:	Permit #:
	10-19-15	10-19-15	15-0407

They be a result of Bayfield Country relying on this information (we) am (are) above described expertiget any result of the purpose of inspection. Owner(s): (If there are Multiple Owners listed on the Deed All Owners m	01) ? ?	Rec'd for Issuance		☐ Municipal Use				Commercial Use	T		Residential Use			Proposed Use	Proposed Construction:			Property	□ Run a Βι		S Conversion	1	Mew Construction	ion e &	A Non-Shoreland		☐ Shoreland —▶ ☐ Is Prope		Section (3), Township	Ö	1/4,1/4	LOCATION LEgal Restrictions	PROJECT	0.00	Authorized Agent: (Person Signing Application on behalf of Owner(s))	actor:	13472 C Hay	William Mc Kinn	Owner's Name:	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will be issue
ing on this information I (the purpose of the purp	FAILURE TO ding any accompanying any accompanying accompanying accompanying and all informations are seen as a seen and a seen a seen and a seen and a seen and a seen and a seen a seen and a seen and a seen a seen a seen and a seen and a seen a seen a seen and a seen a see	Other: (explain)		Special Use: (explain)	Accessory				+						Principal S Residence			eing applied for			Run a Business on	Relocate (existing bldg)	ion	Addition/Alteration	nstruction	Project			rty/Land within	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?		6.13	900 1 505	****	- 1	-	oplication on behalf	,		nn	THE LAW OCC	Ounty Zoning Dep	leo until all rees al
1 10	BTAIN A I information (we) a	plain)	Conditional Use: (explain)	e: (explain)	Building Addition	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (sanitary, or	with Attached Garage	With (2 nd) Deck	with (2") Porch	with a Porch	with Loft	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	(r.		is relevant to it)		☐ Foundation	1 !	Basement	. !	1-Story + Loft	1-Story	# of Stories and/or basement			Lake,	300 feet of River, S f Floodplain?	N, Range W	J	10 (a)	latellelly				6				E BEEN ISSUED TO APP	e bald.
sign or letter(s) of authorization must accompagating application)	TARTING CONSTRUCTIC xamined by me (us) and to xamined by me in the relies in grand that it will be relies in the r				Accessory Building Addition/Alteration (specify)	V) Storage		date)	r □ sleeping quarters,	Garage					Principal Structure (first structure on property Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Lengin:	Length:				mines (Arry distinct Arry	-	ng I	☐ Seasonal	ıt Use		f yescontinue		☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶		Town of:	COM VOI OU TABLE	12-2-42-47	PIN: (23 digits)		Agent Phone:	Contractor Phone:	cny/state/zip:	bles 1/	Address:	ם הפתע הפתע	
n. Just consent to countries to countries to countries to compare to compare to compare to compare to compare to compare to countries t	CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES by me (us) and to the best of my (our) knowledge and belief it is true, correct that it will be relied upon by Bayfield County in determining whether to issu		Vermon's vitantificate in the party for the first from the party of th		(A)	Bldg Oi	1		잌						y)	ture		. p.	-		None None					bedrooms			Distance Structure		66	·	14.1% Corts 140			o o	Agent Mailing Add	Plumber:			City/State/:	CONTITIONA	•
ty officials charged with	T WILL RESULT IN PEN wledge and belief it is tru by in determining whether				Andreas de la destación de la	skill	3 .		☐ cooking & food prep facilities)				:				WIGHT. 16	width:	None	☐ Compost Toilet		1	☐ Sanitary (Exists)	- 1	Municipal/City	Sewo Is:			cture is from Shoreline:	Distance Structure is from Shoreline:			DIOCK(S) NO.	-			Agent Mailing Address (include City/State/Zip):				City/State/Zip:		_
administeri ,	e ±		-		_	7	(+				(<u> </u>		, Dir				ilet	service cont		-	- 1	Jity	What Type of Sewer/Sanitary System Is on the property?		Teet		*	-24	Lot Size	Con Maga	Volume	Recorded D	, m. fr.)	tate/Zip):						
tete	omplete. I (we) at mit. I (we) further	×			×	× آد	×				× >	×	×	×	××	Dimensions	Height	Height:			tract)	Vaulted (min 200 gallon)	Specify Type:	Specify Type:		e of / System perty?			□ Yes	ls Property in					ocument: (i.e.	Attach	Writ	Plur	***************************************	Ce	Tele	7 7 8	-
is to have access to the	nd complete. I (we) acknowledge that I (we) permit. I (we) further accept liability which					122)									Square Footage	. 676		<u></u>				1,172		□ City	Water				in Are Wetlands		Acreage		Page(s)	므ା	Attached	Written Authorization	Plumber Phone:	;	Cell Phone:	Telephone:		

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

(7) (5) (5) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):	North (N) on Plot Plan (*) Driveway and (*) Flan (*) Briveway and (*) Fl All Existing Structures (*) Well (W); (*) Septic (*) Lake; (*) River; (*); (*) Wetlands; or (*) Sir	on Frontage Roac Frontage Roac ss on your Prop tic Tank (ST); (*) Stream/Cree Slopes over 20'	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	or (*)
			ili mariin da mariin mariin da		
			Se Se	The National States of the Sta	
310					
Please complet (8)	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	to continuing) the closest point)		Changes in plans must be approved	roved by the Planning & Zoning Dept.
	Description	Measurement	rement	Description	Measurement
Setback from the C	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	v ad	Feet Feet	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek	r mark) Feet Feet
Setback from the North Lot Line Setback from the South Lot Line	lorth Lot Line outh Lot Line	=3. 2.2.	Feet		
Setback from the West Lot Line Setback from the East Lot Line	ast Lot Line	5.7	Feet	20% Slope Area on property Elevation of Floodplain	☐ Yes ☐ No Feet
Setback to Septic T	Setback to Septic Tank or Holding Tank Setback to Drain Field		Feet	Setback to Well	Feet
Setback to Privy (Porta Prior to the placement or constro other previously surveyed corne	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	en (10) feet of the minimum reveyor at the owner's expense.	Feet quired setback, the b	soundary line from which the setback must be measured must be	
one previously surveyed comarked by a licensed surveyed from the following surveyed to the following surveyed su	Construction of a studence flower than left full personal many (Su) liest from to orner to the other previously surveyed corner, or verifiable by the Department by use revor at the owner's expense. Stake or Mark Proposed Location(s) of New Construction,	yed comer, or verifiable by the yed comer, or verifiable by th	Department by use of Construction	ne previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propomarked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT),	the proposed site of the structure, or must be reproposed site of the proposed site of the structure, or must be reproposed site of the st
	NOTICE: All Land	Use Permits Expire On New One & Two Family The local Town, Village	e (1) Year from Dwelling: <u>ALL</u> N City, State or F	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	ot begun. rm Dwelling Code.
Issuance Informa Permit Denied (Date):	Issuance Information (County Use Only) Permit Denied (Date):	Sanitary Number: Reason for Denial:	vumber: or Denial:	# or bedrooms:	sanitary vaite:
Permit #: /5-C	15-0407	Permit Date:	ate: 10-11 9	3	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Lot	(Deed of Record) (Fused/Contiguous Lot(s))	GNO DNO		Affidavit Required Yes S.No Affidavit Attached Yes S.No
Granted by Variance (B.O.A.) □ Yes 🖟 🐪 No	(B.O.A.) Case #:			Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case	
Was Pa Was Proposed Buil	Was Parcel Legally Created Was Proposed Building Site Delineated	Yes 🗆 No		Owner weyed	®Yes □ No
Inspection Record:					Zoning District (C) Lakes Classification ()
Date of Inspection: Condition(s):Town, (Date of Inspection: $10 - 15.(5)$ Inspection: $10 - 15.(5)$ Inspection(s): Toyon, Committee or Board Conditions Attached?	1 %	8	(If No they need to be attached.)	Date of Re-Inspection:
0)C 16	18				
Signature of Inspector:	7		A A A A A A A A A A A A A A A A A A A		Date of Approval 19/14
fold For Sanitary:	I		Hold For Affidavit:	it: Hold For Fees:	

of what you are applying for)

Bayfield County, WI



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Start DreceEdd

£ 242015

> Chuck laming Permit #: Refund: Date: Amount Paid: 10,001-11 1,900

B.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS Way Model Co. Zoning Dept.

Secretarial Staff		2	Rec'd for Issuance	The state of the s	Municipal Use				Commercial Use				Residential Use			Proposed Use	Existing structure: (It permit being applied for its relevant to it) Proposed Construction:					CO 000 1000	ı	1.	* include donated time & material	Value at Time	☐ Non-Shoreland	Snoreland -	T		Section 12		3/4	PROJECT LOCATION	(Authorized Agent: (Person Signing Application	Contractor:	HUGDIN CABLE	Address of Property:	,	TYPE OF PERMIT REQUESTED—	0 1000 1000 1000
							_		se				œ	 	X	ν.	in permit being	Service of the company of the compan			Run a Business	☐ Conversion ☐ Relocate (existing bldg)	☐ Addition/Alteration	New Construction	Project			☐ Is Property/Land within 1000 feet of Lake,	Creek or Landw	Is Property/Land within 300 feet of F	, Township _	1/7	1/4	Legal Description:	S S S S S S S S S S S S S S S S S S S	(Person Signing Application on behalf of Owner(s))		or in Lake to	えが、ようのでのメ		Y	
Otner: (explain)	Conditional	Special Use: (explain)	, and the state of	Accessory B	Accessory Building	Addition/Alteration	Mobile Hom	Bunkhouse v	_		-			Residence (i.	Principal Stri		applied for is					ting bldg)	-	ction	ā	- Carlo State		and within 10	ard side of Fig	and within 30	43 N, Range	6	Gov't Lot	<u>ற</u> : (Use Tax Statement)		on an behalf of C	7	ら よ ら に に に に に に に に に に に に に	rey		X LAND USE	- North Control of the Control of th
[n]	Conditional Use: (explain)	(explain)		ıilding Additi		eration (specify)	Mobile Home (manufactured date)	v/ (□ sanitary,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	.e. cabin, nunt	ucture (first s		relevant to It)				- 1	Basement			# of Stories and/or basement			00 feet of Lake,	booplain	Is Property/Land within 300 feet of River, Stream	0	N	(5)		7				0 4	l.	SAN	
-	411		the former and the first of the	Accessory Building Addition/Alteration	ify)	cify)	d date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters,	Garage	~		\$		Residence (i.e. cabin, hunting snack, etc.)	Principal Structure (first structure on property)	Proposed Structure	Length:				7		×	·	nt Use			Pond or Flowage	If yescontinue	Stream (incl. Intermittent)	w	1798 VIO	'		715-558-3449 PIN: (23 digits)	Agent Phone:	Contractor Phone:	CABLE ;	Cly/State/Zip:	, C	TARY PRIVY	
				(specify)				uarters, <u>or</u> 🗔			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			6.3	perty)	Structure	64						- 1					+	e	ttent)	ABLE	VIO 2312	Vol & Page	2-42-10-1	19 15333 W		least:	Σ.	ON CAR			200
	The state of the s							cooking & fo						1 Cles Menos			W 5	10			None				of coms	#	-	tance Structu		tance Structu			ot(s) No.	2-105	Z STRO	Mailing Addres	K WATO	54821	5	`	CONDITIONAL USE City/State/Zip:	Parameter Control of Assessment
								cooking & food prep facilities)									Width:	1145	None			1						Distance Structure is from Shoreline:		Distance Structure is from Shoreline:			Block(s) No.	27.400	7	ss (include City	മ മുച്ചഷ്യ				Zip:	
-)		(ies) (-	_		_		1 69		Di	33			oilet	n/ser	or	litary Specific		Sewer/Sanitary System Is on the property?	What Type of		oreline : feet	1000	÷		Lot Size	Subdivision	Volume	Recorded D	/State/Zip):	Plumber:		20107		SPECIAL USE	
3	×			×	х)	х)	×	×	×	х)	х)	- 1	×	× N/V	ز	mensions		Uninh+		1	ract)	Vaulted (min 200 gallon)	Specify Type: CONV	1	/ System perty?	of		□ Yes X No	Floodplain Zor	Is Property in	N.	Ac	n:	10 11 25 F	ocument: (i.e. I		-	21.5	CellF		☐ B.O.A. [
													300	1007	j	Square Footage	2-7					gallon)			Water			X No		Are Wetland	<i>(D ,</i>	reage		Page(s) 5205	Haywards, WI 54843 X Yes C No Recorded Document: (i.e. Property Ownership	Written Authorization	12-22-130-130-130-130-130-130-130-130-130-130	617-286-211	Cell Phone:		OTHER	The second secon

MAYWARD, WI 54843 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed Authorized Agent:

Address to send permit 15333vJ

STATE

8)

(If you are signing

behalf of the

letter of authorization must accompany this application)

DAVID TWORES

letter(s) of authorization must accompany this application)

Date

Date

9/24/15

Owner(s):

(If there are Multiple Owners listed on the

Deed All Owns

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[[we] declare that this application (including any accompanying information) has been examined by me [us] and to the best of my [our] knowledge and belief it is true, correct and complete. I [we] acknowledge that I [we] am [are] responsible for the detail and accuracy of all information I [we] am [are] providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I [we] further accept liability which may be a result of Bayfield County relying on this information I [we] am [are] providing in or with this application. I [we] consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

1000	Signati	Pust tour	Date o	Was	Grante	Is Par	Permit De		one prev marked I	Prior to to	Setba Setba	Setba	Setba Setba	Setback Setback		T O O	}	200 _{1.m}		
Flord For Samually	. 2	i sestan	Inspection Record: OK Date of Inspection:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit # / / / / / / / / / / / / / / / / / /	- Fo	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the primarked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (H	rior to the placement or construction of a structure within ten (10) feet of the minimum required their previously surveyed corner or marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Setback to Drain Field Setback to Drain (Portable Compo	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way	1	(8)				(2) Sh (3) Sh (4) Sh (5) Sh (6) Sh
7	Jacque	4 0 J 1	lo 11/5	æl Legally Crea ng Site Delinea	្ត [្រី			NOTICE: For The Construct	at the owner's expand	struction of a struction ner or marked by a l	nk or Holding	st Lot Line	rth Lot Line uth Lot Line	from the Centerline of Platted Road from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)				Show / Indicate: Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*): Show any (*):
HOID FOR TBA:	5			red XXYes 🗆	# Tes	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguo	ose omy)	All Land Use Pion Of New On The loc	roposed Loca	ire within ten (10) for the fire within ten (Tank			tted Road t-of-Way		e (prior to con sured to the c				
Mandamana			Inspected by:	No		Deed of Record) [Fused/Contiguous Lot(s)]	Reason for D Permit Date:	e & Two Family al Town, Villague Sanitary	er, or verifiable by the	et of the minimum					Meas	tinuing) losest point)			To a second seco	North (N) on Plot Plan (*) Driveway and (*) Franchisting Structures of the White Company (*) Septic (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Something of (*) Wetlands; or (*) Slo
Hold For Affidavit:		E D Z	2 QQ		U NO	No S		NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Date: 100 C # of bedrooms: 1 / Sanitary Date:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF),	required setback, th	"!		15 Feet	1 1	Measurement					North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
ANL:]	New h		Were Prop	Previously Gr	Mitigation Required Mitigation Attached		n the Date of Is Municipalities Federal agenci	e of a corrected con Septic Tank	e boundary line from	Setback to Well	Elevation	Setback f	Setback I Setback I Setback I				ATTACHED	2	oad (Name Fro operty ; (*) Drain Fie eek; or (*) Po 20 %
Hold For Fees:				Were Property Lines Represented by Owner Was Property Surveyed	y Va	equired □ Yes		suance if Const Are Required T es may also rec	red setback, the bo	which the setback	o Well	of Floodplain	Setback from Wetland	Setback from the Lake (ordinary Setback from the River, Stream, Setback from the Bank or Bluff	De	Changes		Cal		ntage Road) d (DF); (*) Ho
r Fees:		in the second		esented by Ow Property Surve	(B.O.A.)	S No	4	Construction or Use Jired To Enforce The I Iso require permits.	undary line from who corner within 500 fi	must be measured i		perty		(ordinary high-v , Stream, Creek or Bluff	Description	in plans must b				ding Tank (HT
			Zoning District Lakes Classificat Date of Re-Ins	ner yYes yed yYes	Case #:	Affidavit Required Affidavit Attached		has not begun. Uniform Dwelling Code Sanitary Date:	re from which the setback must be measured must be visible ithin 500 feet of the proposed site of the structure, or must Holding Tank (HT), Privy (P), and Well (W).	measured must be visible from one				-water mark) •k		Changes in plans must be approved by the Planning & Zoning Dept.				} and/or (*) P i
***************************************	Date of Approval: 10-515	Heman Must	Zoning District (1 Lakes Classification (2 Date of Re-Inspection:		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100	ng Code.	ack must be measured must be visible from opposed site of the structure, or must be T). Privy (P), and Well (W).	one previously sur		X Yes			Mea	the Planning				(*) Privy (P)
	10-315	hub hit	0	ON D		□ Yes ZaNo	1081-18		e, or must be	previously surveyed corner to the	TBD Feet	Feet	Fee	75 Feet Feet Feet	Measurement	& Zoning Dep				

MAP OF SURVEY

A TOPOGRAPHIC SURVEY OF PART OF LOT 2. CSM, NO. 1798, LOCATED IN GOVERNMENT LOT 6, SECTION 12, T. 43 N., R. 8 W., IN THE TOWN OF -CABLE, BAYFIELD COUNTY, WISCONSIN



THAT THE MAP IS A TRUE REPRESENTATION OF SAID SUMMEY AND





₱ FOUND 1* IRON PIPE, UNLESS OTHERWISE MOTED.

- A. ORDINARY HIGH WATER MARK PIN FLAG SET BY BAYFIELD COUNTY ZONING
- (10-0) TREE DIAMETER (IN) AND SPECIES
- IA TWIN ASH

CLIENT: HOOLEY, M. 308 NO.: H14/051 SQUE: 1 INCH = 20 TEKT SEPI. 15, 2014 REVISED 7/21/15 - 75' SFTBlock

DIPATIED BY: P. NELSON FILE:F43NR8W/SFC12/ ACAD/H14_351 PSCATA/DENNIS NB. B-24 PC. 122

HEART OF THE NORTH 10339 11. DUFFY ROAD 174: 715/634-2442 HAYWARD, 81. 54843 FAX: 715/634-8444 SURVEYING OF HAYWARD, INC.

CABLE*LAKE* EXIST. REDUSE TO BE REMOVED

WELL LOCATION TO BE DETERMINED